



McCarthy Catholic College
ABN 86 875 623 906
75 MacKellar Street
Emu Plains NSW 2750
T 02 4735 3211 **F** 02 4735 6249
E mccarthy@parra.catholic.edu.au
W www.mccarthyemuplains.catholic.edu.au

29 October 2019

Dear Parent/Guardian

In keeping with the requirements of your son/daughter's course of study in PDHPE an excursion has been organised at Mount Druitt Swimming Centre.

The intended outcomes of this experiential activity are:

- To develop gross motor skills through swimming and water-based activities
- To participate in rescue skills

Year and Subject: Year 7 PDHPE and 10 PAS Helpers
Date: Monday, 25 November and Wednesday, 27 November 2019
Venue: Mount Druitt Swimming Centre, 7 Mount Street, Mount Druitt
Cost: *This is covered under the Activity Fee in school fees. No refund will be issued under any circumstances.*
Food: Students to bring their own recess, lunch and beverage
Uniform: Full Sports Uniform to and from the pool
Students to Bring: Appropriate swimwear (females are to wear a one piece or if wearing a bikini, they are to bring a rash shirt, t-shirt or singlet to go over the top).
A rash shirt or t-shirt to protect themselves when out of the pool.
Hat, Towel, Sunscreen and thongs for around the pool ONLY, (no travel to and from the school will be allowed in thongs).
Depart: 9:00am from McCarthy Catholic College
Return: 3:00pm (*Delays may occur, expected time of return may vary*)
Transport: Bus

Emergency: School Mobile No. 0400 244 161 School Office No. 4728 8100

Yours sincerely

Mrs Tania Cairns
Principal Leader

Mr Stuart Whiley
Leader of Learning PDHPE

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PERMISSION SLIP – PLEASE RETURN TO SCHOOL

Name of Excursion: Swimming and Lifesaving, Mount Druitt Swimming Centre, 25th, 27th November 2019

Please return permission slip to Mr Whiley by Monday, 18 November 2019

Student's Name: _____ **Homeroom:** _____

- ☐ I give permission for my child to attend the above noted excursion.
- ☐ I give permission for any emergency medical aid to be administered, if required.

Please indicate with a tick the distance you feel your child is capable of swimming comfortably in a pool:

<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> 0-10m	<input type="checkbox"/> 10-50m	<input type="checkbox"/> 50-100m	<input type="checkbox"/> 100m+
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Medical Conditions: _____ **Emergency Contact Phone No.** _____

Signature: _____

Parent/Guardian

Date: _____

